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| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 58952(49363) |
| Application No. 10/623,200-Conf. #2841 | Filing Date July 18, 2003 | Examiner T. K. Heller | Art Unit 3766 | |
| Applicant(s): Thomas P. Osypka | | | | |
| Invention: IMPLANTABLE CARDIAC LEAD HAVING REMOVABLE FLUID DELIVERY PORT | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | - 20 = | | X | |
| Independent Claims | - 3 = | | X | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): Extension for response within first month 60.00 | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 60.00 | | | | |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 60.00 . A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
| /Michael J. Pollack/ Michael J. Pollack Attorney/Agent Reg. No.: 53,475 | | | Dated: April 14, 2008 | |
| EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (203) 353-6848 | | | | |

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on April 14, 2008 .
Date

/Michael J. Pollack/

Signature

Michael J. Pollack

Typed or printed name of person signing Certificate

53,475

Registration Number, if applicable

(203) 353-6848

Telephone Number

Note:

One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Response to Non-Final Office Action (8 pages)
Amendment Transmittal (1 page)
Charge \$60.00 to deposit account 04-1105